

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09763362 FILING DATE

APPLICANT(S)

Tomizuka

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26	/					
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	3					
TOTAL DEP.	47					
TOTAL CLAIMS	50					

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51	/			
52	/			
53	/			
54	/			
55	/			
56	/			
57	/			
58	/			
59	/			
60	/			
61	/			
62	/			
63	/			
64	/			
65	/			
66	/			
67	/			
68	/			
69	/			
70	/			
71	/			
72	/			
73	/			
74	/			
75	/			
76	/			
77	/			
78	/			
79	/			
80	/			
81	/			
82	/			
83	/			
84	/			
85	/			
86	/			
87	/			
88	/			
89	/			
90	/			
91	/			
92	/			
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.	6			
TOTAL DEP.	34			
TOTAL CLAIMS	42			